

Study ID#: _____

Date of Interview: /__/_/ /__/_/ /__/_/_/_/
(Month) (Day) (Year)

Interviewer: _____

PERSONAL BEHAVIORS AND LIFESTYLE QUESTIONNAIRE

(PART 1)

OF THE

BREAST CANCER COMPREHENSIVE PROJECT

Prepared for the National Action Plan on Breast Cancer
of the Office on Women's Health
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by

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SECTION A. EXERCISE AND PHYSICAL ACTIVITY

I'm going to ask you questions about exercise and physical activity. We're interested only in exercise or activities that you've done on a regular basis. By regular, we mean exercise for at least **two hours a week** for four **months** or more in **one year**. This is exercise you do during leisure time and does not include activities you do at your job.

A1. Before _____ had you ever participated in exercise, physical activity or sports on a regular basis? Remember, regular means
(REFERENCE DATE)
at least **two hours a week** for four **months** or more in **one year**.

YES 1

NO 5 (SECTION B)

Let's go through these activities beginning with the first activity you participated in at the youngest age. This could have been when you were a child.

A C T I V I T Y	A2. What was the (1st/2nd/3rd/4th/5th/6th) activity you participated in on a regular basis? (2 hours a week for 4 months or more in one year.)	A3. At what age did you start participating in this activity?	A4. At what age did you stop participating in this activity?	A5. How many years did you participate in this activity? (IF CURRENT): How many years have you participated in this activity? A6. How many months a year (did/do) you participate in this activity?	A7. On average, about how many hours per week (did/do) you participate in this activity?
1st	NAME _____ CODE /___/___/___/	AGE /___/___/	AGE /___/___/ CURRENT 995	YEARS /___/___/ MOS./YR/___/___/	HRS /___/___/ MINS /___/___/
2nd	NAME _____ CODE /___/___/___/	AGE /___/___/	AGE /___/___/ CURRENT 995	YEARS /___/___/ MOS./YR/___/___/	HRS /___/___/ MINS /___/___/
3rd	NAME _____ CODE /___/___/___/	AGE /___/___/	AGE /___/___/ CURRENT 995	YEARS /___/___/ MOS./YR/___/___/	HRS /___/___/ MINS /___/___/
4th	NAME _____ CODE /___/___/___/	AGE /___/___/	AGE /___/___/ CURRENT 995	YEARS /___/___/ MOS./YR/___/___/	HRS /___/___/ MINS /___/___/
5th	NAME _____ CODE /___/___/___/	AGE /___/___/	AGE /___/___/ CURRENT 995	YEARS /___/___/ MOS./YR/___/___/	HRS /___/___/ MINS /___/___/
6th	NAME _____ CODE /___/___/___/	AGE /___/___/	AGE /___/___/ CURRENT 995	YEARS /___/___/ MOS./YR/___/___/	HRS /___/___/ MINS /___/___/

A8a.	Since you were _____, have there been any periods in your life when you did not do any (AGE AT FIRST ACTIVITY) leisure-time exercise or physical activity for three months or longer?	YES	1	
		NO	5	(SECTION B)

A9a.	How old were you when you were first inactive for three months or longer?	____/____/____ (AGE)
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A10a.	How many months or years did this period of inactivity last?	____/____/____ OR ____/____/____ (MONTHS) (YEARS)
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A8b.	Since you were _____, was there another period in your life when you did not do any (AGE WHEN FIRST INACTIVE) leisure-time exercise or physical activity for three months or longer?	YES	1	
		NO	5	(SECTION B)

A9b.	How old were you when you during this next period when you were inactive for three months or longer?	____/____/____ (AGE)
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A10b.	How many months or years did this period of inactivity last?	____/____/____ OR ____/____/____ (MONTHS) (YEARS)
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REPEAT A8-A10 FOR ADDITIONAL PERIODS OF INACTIVITY. USE CONTINUATION SHEET.

SECTION B. TOBACCO USE

Now I would like to ask you some questions about cigarettes and other tobacco products you might have used before (you were diagnosed with breast cancer/REFERENCE DATE)_____).

B1. Before _____did you ever smoke at least one cigarette, cigar or pipe a day for six months or longer?
(REFERENCE DATE)

YES	1	
NO	5	(SECTION C)

B2. How old were you when you started smoking tobacco on a regular basis, that is, at least one cigarette a day for six months or longer?

/____/____/
(AGE)

B3. Were you smoking on a regular basis in _____?
(REFERENCE DATE)

YES	1	(GO TO B5)
NO	5	

B4. How old were you when you stopped smoking on a regular basis?

/____/____/
(AGE)

B5. Until _____, how many years total did you smoke on a regular basis? (REFERENCE DATE) <div style="text-align: right;"> /___/___/ (# OF YEARS) </div>				
TYPE OF TOBACCO PRODUCT	B6. How many years did you smoke (A/B/C/D)?	B7. How old were you when you began smoking (A/B/C/D)?	B8. How old were you when you stopped smoking (A/B/C/D)?	B9. Before _____, how many (A/B/C/D) did you usually smoke in a day? (REF.DATE)
A.Nonfiltered cigarettes	YEARS /___/___/ NONE 95 (B6B)	AGE /___/___/	AGE /___/___/ CURRENT 995	/___/___/___/ # CIGARETTES
B. Low-tar cigarettes	YEARS /___/___/ NONE 95 (B6C)	AGE /___/___/	AGE /___/___/ CURRENT 995	/___/___/___/ # CIGARETTES
C. Filtered cigarettes	YEARS /___/___/ NONE 95 (B6D)	AGE /___/___/	AGE /___/___/ CURRENT 995	/___/___/___/ # CIGARETTES
D. Cigars	YEARS /___/___/ NONE 95 (B6E)	AGE /___/___/	AGE /___/___/ CURRENT 995	/___/___/___/ # CIGARS
E. A pipe	YEARS /___/___/ NONE 95 (B6E)	AGE /___/___/	AGE /___/___/ CURRENT 995	/___/___/___/ # PIPES

SECTION C. PASSIVE SMOKING

Now I would like to ask you about any period in your life when you lived with someone who smoked. Let's start with people who smoked in your presence until you were 20 years old.

RELATIVE	C1. Did your (<u>A/B</u>) smoke cigarettes, cigars, or pipes in your presence when you were growing up?	C2. How old were you when you were first exposed to your (<u>A/B</u>)'s tobacco smoke?	C3. How old were you when you were no longer exposed to your (<u>A/B</u>)'s tobacco smoke?	C4. On average, about how many times a day did your (<u>A/B</u>) smoke in your presence?
A. Father	CIGARETTES 1 CIGARS 2 PIPES 3 NO 5 (C1B)	AGE /___/___/	AGE /___/___/	/___/___/ # TIMES
B. Mother	CIGARETTES 1 CIGARS 2 PIPES 3 NO 5 (C5)	AGE /___/___/	AGE /___/___/	/___/___/ #TIMES

C5. Did you live with any other person who smoked in your presence until you were 20 years old? This might be a grandparent, stepparent, uncle, aunt, brother, sister, or any other person.

YES 1
NO 5 (GO TO C12)

C6. Was there more than one person you lived with who smoked in your presence?

YES 1
NO 5

C7. Which relative(s) smoked in your presence when you were growing up?

A. _____

D. _____

B. _____

E. _____

C. _____

F. _____

RELATIVE	C8. Did your (A/B/C/D/E/F) smoke cigarettes, cigars, or pipes in your presence when you were growing up?	C9. How old were you when you were first exposed to your (A/B/C/D/E/F)'s tobacco smoke?	C10. How old were you when you were no longer exposed to your (A/B/C/D/E/F)'s tobacco smoke?	C11. On average, about how many times a day did your (A/B/C/D/E/F) smoke in your presence?
A. (SPECIFY): _____	CIGARETTES 1 CIGARS 2 PIPES 3	AGE /___/___/	AGE /___/___/	/___/___/ # TIMES
B. (SPECIFY): _____	CIGARETTES 1 CIGARS 2 PIPES 3	AGE /___/___/	AGE /___/___/	/___/___/ # TIMES
C. (SPECIFY): _____	CIGARETTES 1 CIGARS 2 PIPES 3	AGE /___/___/	AGE /___/___/	/___/___/ # TIMES
D. (SPECIFY): _____	CIGARETTES 1 CIGARS 2 PIPES 3	AGE /___/___/	AGE /___/___/	/___/___/ # TIMES
E. (SPECIFY): _____	CIGARETTES 1 CIGARS 2 PIPES 3	AGE /___/___/	AGE /___/___/	/___/___/ # TIMES
F. (SPECIFY): _____	CIGARETTES 1 CIGARS 2 PIPES 3	AGE /___/___/	AGE /___/___/	/___/___/ # TIMES

C12. As an adult, have you ever lived for one year or more with anyone who smoked in your presence? This could be a spouse, partner, child, in-law, roommate, or another person.

YES 1

NO 5 (GO TO C19)

C13. Has more than one person smoked in your presence?

YES 1

NO 5

C14 What is (their/his or her) relationship to you?

A. _____

B. _____

C. _____

D. _____

E. _____

F. _____

G. _____

H. _____

I. _____

J. _____

RELATION	C15. Did your (A/B/C/D/E/F/G/H/I) smoke cigarettes, cigars, or pipes in your presence when you lived together?	C16. How old were you when you were first exposed to your (A/B/C/D/E/F/G/H/I)'s tobacco smoke?	C17. How old were you when you were no longer exposed to your (A/B/C/D/E/F/G/H/I)'s tobacco smoke?	C18. On average, about how many times a day did your (A/B/C/D/E/F/G/H/I) smoke in your presence?
A. (SPECIFY): _____	CIGARETTES 1 CIGARS 2 PIPES 3	AGE /____/____/	AGE /____/____/	/____/____/ # TIMES
B. (SPECIFY): _____	CIGARETTES 1 CIGARS 2 PIPES 3	AGE /____/____/	AGE /____/____/	/____/____/ # TIMES
C. (SPECIFY): _____	CIGARETTES 1 CIGARS 2 PIPES 3	AGE /____/____/	AGE /____/____/	/____/____/ # TIMES
D. (SPECIFY): _____	CIGARETTES 1 CIGARS 2 PIPES 3	AGE /____/____/	AGE /____/____/	/____/____/ # TIMES
E. (SPECIFY): _____	CIGARETTES 1 CIGARS 2 PIPES 3	AGE /____/____/	AGE /____/____/	/____/____/ # TIMES
F. (SPECIFY): _____	CIGARETTES 1 CIGARS 2 PIPES 3	AGE /____/____/	AGE /____/____/	/____/____/ # TIMES
G. (SPECIFY): _____	CIGARETTES 1 CIGARS 2 PIPES 3	AGE /____/____/	AGE /____/____/	/____/____/ # TIMES
H. (SPECIFY): _____	CIGARETTES 1 CIGARS 2 PIPES 3	AGE /____/____/	AGE /____/____/	/____/____/ # TIMES
I. (SPECIFY): _____	CIGARETTES 1 CIGARS 2 PIPES 3	AGE /____/____/	AGE /____/____/	/____/____/ # TIMES

We've finished talking about exposure to tobacco smoke in the house. Now I'd like to talk about other areas where you were exposed to tobacco smoke for two or more hours a week for one year or more. These areas could be a restaurant, airport, subway, or place of work, or other places where you spent a lot of time.

DECADE	C19. Were you exposed to tobacco smoke for a total of two or more hours a week for one year or more when you were (A/B/C/D/E/F/G):	C20. How many hours a week were you exposed to tobacco smoke when you were (A/B/C/D/E/F/G):	C21. How many years were you exposed to tobacco smoke when you were (A/B/C/D/E/F/G):
A. 0 to 19-years-old?	YES 1 NO 5 (C19B)	/___/___/ HRS/WK	/___/___/ YRS
B. In your 20s?	YES 1 NO 5 (C19C)	/___/___/ HRS/WK	/___/___/ YRS
C. In your 30s?	YES 1 NO 5 (C19D)	/___/___/ HRS/WK	/___/___/ YRS
D. In your 40s?	YES 1 NO 5 (C19E)	/___/___/ HRS/WK	/___/___/ YRS
E. In your 50s?	YES 1 NO 5 (C19F)	/___/___/ HRS/WK	/___/___/ YRS
F. In your 60s?	YES 1 NO 5 (C19G)	/___/___/ HRS/WK	/___/___/ YRS
G. In your 70s?	YES 1 NO 5 (SECTION D)	/___/___/ HRS/WK	/___/___/ YRS

SECTION D. RECREATIONAL DRUG USE

The next questions concern the use of “street drugs” or other substances. I realize this is a sensitive topic. I want to remind you that all information you give will be kept strictly confidential. Your answers to these questions are very important.

DRUG	D1. Have you ever used (A/B/C/D/E/F/G/H/I) before _____? (REFERENCE DATE)	D2. How did you use (A/B/C/D/E/F/G/H/I)? Did you use it:	D3. How old were you when you first used (A/B/C/D/E/F/G/H/I)?	D4. How old were you when you last used (A/B/C/D/E/F/G/H/I)?	45. How many months or years did you use (A/B/C/D/E/F/G/H/I)?
A. Marijuana (Grass, Pot)	<p>YES 1</p> <p>NO 5 (D1B)</p>	<p>Orally, 1</p> <p>By injection, 2</p> <p>By inhaling, 3</p> <p>By another method, or 4</p> <p>By multiple methods? 5</p> <p>Unsure 9</p>	<p>/____/____/</p> <p>AGE</p>	<p>/____/____/</p> <p>AGE</p> <p>CURRENT 995</p>	<p>/____/____/</p> <p>MONTHS 1</p> <p>YEARS 2</p>
B. Cocaine	<p>YES 1</p> <p>NO 5 (D1C)</p>	<p>Orally, 1</p> <p>By injection, 2</p> <p>By inhaling, 3</p> <p>By another method, or 4</p> <p>By multiple methods? 5</p> <p>Unsure 9</p>	<p>/____/____/</p> <p>AGE</p>	<p>/____/____/</p> <p>AGE</p> <p>CURRENT 995</p>	<p>/____/____/</p> <p>MONTHS 1</p> <p>YEARS 2</p>
C. Heroin	<p>YES 1</p> <p>NO 5 (D1D)</p>	<p>Orally, 1</p> <p>By injection, 2</p> <p>By inhaling, 3</p> <p>By another method, or 4</p> <p>By multiple methods? 5</p> <p>Unsure 9</p>	<p>/____/____/</p> <p>AGE</p>	<p>/____/____/</p> <p>AGE</p> <p>CURRENT 995</p>	<p>/____/____/</p> <p>MONTHS 1</p> <p>YEARS 2</p>
D. Amphetamines (Speed)	<p>YES 1</p> <p>NO 5 (D1E)</p>	<p>Orally, 1</p> <p>By injection, 2</p> <p>By inhaling, 3</p> <p>By another method, or 4</p> <p>By multiple methods? 5</p> <p>Unsure 9</p>	<p>/____/____/</p> <p>AGE</p>	<p>/____/____/</p> <p>AGE</p> <p>CURRENT 995</p>	<p>/____/____/</p> <p>MONTHS 1</p> <p>YEARS 2</p>

E. Barbituates (Downers)	YES 1 NO 5 (D1F)	Orally, 1 By injection, 2 By inhaling, 3 By another method, or 4 By multiple methods? 5 Unsure 9	/___/___/ AGE	/___/___/ AGE CURRENT 995	/___/___/ MONTHS 1 YEARS 2
F. LSD (Acid)	YES 1 NO 5 (D1G)	Orally, 1 By injection, 2 By inhaling, 3 By another method, or 4 By multiple methods? 5 Unsure 9	/___/___/ AGE	/___/___/ AGE CURRENT 995	/___/___/ MONTHS 1 YEARS 2
G. Quaaluds	YES 1 NO 5 (D1H)	Orally, 1 By injection, 2 By inhaling, 3 By another method, or 4 By multiple methods? 5 Unsure 9	/___/___/ AGE	/___/___/ AGE CURRENT 995	/___/___/ MONTHS 1 YEARS 2
H. PCP (Angel Dust)	YES 1 NO 5 (D1I)	Orally, 1 By injection, 2 By inhaling, 3 By another method, or 4 By multiple methods? 5 Unsure 9	/___/___/ AGE	/___/___/ AGE CURRENT 995	/___/___/ MONTHS 1 YEARS 2
I. Hallucinogenic Mushrooms	YES 1 NO 5 (SECTION E)	Orally, 1 By injection, 2 By inhaling, 3 By another method, or 4 By multiple methods? 5 Unsure 9	/___/___/ AGE	/___/___/ AGE CURRENT 995	/___/___/ MONTHS 1 YEARS 2